

[Date]

[Policyholder Name]

[Company Name]

[Address Line 1]

[City, State, Zip Code]

RE: Confirmation of Commercial Fleet Expansion Endorsement

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Dear [Contact Name],

This letter serves as formal confirmation that your request to expand your commercial auto fleet coverage has been processed. The following vehicles have been added to your policy under the Fleet Expansion Endorsement:

- [Vehicle 1: Year, Make, Model, VIN]
- [Vehicle 2: Year, Make, Model, VIN]
- [Vehicle 3: Year, Make, Model, VIN]

The coverage limits, deductibles, and conditions for these additional units are consistent with your existing policy schedule, unless otherwise noted in the attached endorsement pages. Please ensure that all drivers assigned to these vehicles meet the safety and licensing requirements previously established.

Enclosed you will find the updated Policy Declaration page and the individual Insurance Identification Cards for each new vehicle. Please place these cards in the respective glove compartments immediately.

An invoice reflecting the pro-rated premium adjustment for this expansion will be sent under separate cover. If your premium is paid via installments, your future statements will be adjusted accordingly.

Thank you for choosing [Insurance Company Name] for your commercial fleet needs. If you have any questions regarding these changes, please contact your agent at [Phone Number].

Sincerely,

[Authorized Signature]

[Name and Title]

[Insurance Company Name]

Enclosures: Updated Declaration Page, Insurance ID Cards